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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Services as First Class Mail to: Commissioner of Patents and Trademarks, Washington, DC 20231 on January 2, 2003.

Signed

Tiffany Bell

In the United States Patent and Trademark Office

Applicant:	LEUNG et al.)	Examiner:	MILORD, M.
Applicant's Ref:	CISCP144/P2133)	Group Art Unit:	2682
Serial No:	09/520,601)		
Filed:	March 8, 2000)		
Title:	ENABLING SERVICES FOR MULTIPLE SESSIONS USING A SINGLE MOBILE NODE)		

AMENDMENT A

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated November 24, 2003, please enter the following amendments and remarks:

01/08/2004 AADOF01 00000051 500388 09520601

01 FC:1201 1204.00 DA
02 FC:1202 252.00 DA



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Leung et al.

Attorney Docket No.: CISCP144-P2133

Application No.: 09/520,601

Examiner: Milord, M

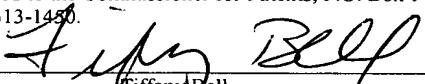
Filed: March 8, 2000

Group: 2682

Title: ENABLING SERVICES FOR MULTIPLE
SESSIONS USING A SINGLE MOBILE NODE

CERTIFICATE OF MAILING

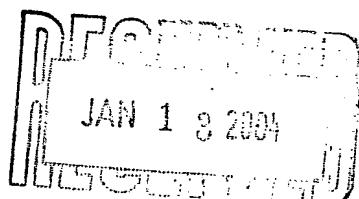
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on January 2, 2004 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed: 

Tiffany Bell

AMENDMENT TRANSMITTAL

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	57	MINUS	43	14	x 9 =	x 18 = 252.00
Independent Claims	24	MINUS	10	14	x 43 =	x 86 = 1,204
Multiple Dependent Claim Present and Fee Not Previously Paid					\$145.00	\$290.00
				Total	\$	\$1,456.00

- Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. CISCP144).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP


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